

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12355

CERTIFICATE OF DEATH

Reg. Dist. No. 12594

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia Section				STREET ADDRESS (If rural give location) Lawsonia Section			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) CARROLL		(Middle) FRANKLIN		(Last) BYRD		OF DEATH December 27 1955	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced		8. DATE OF BIRTH: June 9, 1887	
9. AGE last birthday 68 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machine operator		11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jessie W. Byrd				14. MOTHER'S MAIDEN NAME: Jennie Ward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) no				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS: Mr. Benson Byrd-- Lawsonia Section Crisfield, Md.							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Coronary Disease							
ANTECEDENT CAUSE (B) Arterio Sclerosis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.	
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 19, to that I last saw the deceased alive on 19 and that death occurred at M, from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
M. D. Crisfield Md Jan 4-1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 24, 1955		NAME OF CEMETERY OR CREMATORY Asbury Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 1-4-56		REGISTRAR'S SIGNATURE Barbara S. Adams		24. FUNERAL DIRECTOR Bradshaw & Sons--Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 11 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12359

CERTIFICATE OF DEATH

12339

261

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Westover</u>				TOWN <u>Westover</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
13. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Mary</u> (Middle) <u>Cottman</u> (Last)				12 2 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Fe</u>	<u>Col.</u>	<u>Widowed</u>	<u>Oct. 10, 1877</u>	<u>78</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Domestic</u>			<u>—</u>	<u>Westover Som. Co.</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Issac Horsex</u>				<u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No.</u>		<u>—</u>		<u>Herbert Cottman-Manokin, Md.</u>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
442X IMMEDIATE CAUSE (A)				Interval between ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO				<u>20 hrs</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				years			
DUE TO							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
<u>0</u>		<u>Chronic Int Nephritis - C. Myocarditis - General Arteriosclerosis</u>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<u>Dec. 1, 1955</u>		<u>M.</u>		<u>Dec. 1, 1955</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 1, 1955</u> to <u>Dec. 1, 1955</u> , that I last saw the deceased alive on <u>Dec. 1, 1955</u> , and that death occurred at <u>12:35 PM</u> , from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>George C. Coulthum MD</u>				<u>Manokin Sta. Md.</u>		<u>12-3-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Dec. 8, 1955</u>		<u>John Wesley</u>		<u>Manokin Som. Co. Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12-3-55</u>		<u>Nellie B. Payne</u>		<u>Chas. H. Ward - Manokin Sta., Md.</u>		<u>Box 235</u>	

CERTIFICATE OF DEATH

TO BE COMPLETED BY THE REGISTRAR

MARYLAND

BUREAU V. S.

DEC 6 1955

RECEIVED

RECEIVED

STATE DEPARTMENT OF HEALTH
BALTIMORE, MARYLAND
RECEIVED

1-2-55

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12340

12360 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Westover</u>				TOWN <u>Westover</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Helen</u> (Middle) <u>Virginia</u> (Last) <u>Dashield</u>				(Month) <u>Dec.</u> (Day) <u>20</u> (Year) <u>1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Fe</u>	<u>Col.</u>	<u>Single</u>	<u>Dec. 27, 1937</u>	<u>17</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housework</u>				<u>Manokin, Som. Co.</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Oscar Dashield</u>				<u>Beulah Collins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No.</u>		<u>218-34-9928</u>		<u>Beulah Collins - Westover, Som. Co. Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
156.1 IMMEDIATE CAUSE (A) <u>Carcinoma Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mths</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 16, 1955</u> , to <u>Dec 20, 1955</u> , that I last saw the deceased alive on <u>Dec 19, 1955</u> , and that death occurred at <u>4:20 P.M.</u> from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)			
<u>Eldon G. Markison</u>				<u>Princess Anne, Md.</u>			
DATE THEREOF				DATE SIGNED			
<u>Dec. 23, 1955</u>				<u>12.23.55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
<u>Burial</u>		<u>St. James</u>		<u>Westover, Som. Co. Md.</u>			
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>DEC 27 1955</u>		<u>John Johnson</u>		<u>Charles H. Ward - Marion Sta., Md.</u>		<u>Box 235.</u>	

DEC 28 1955

RECEIVED

12356

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield	LENGTH OF STAY (in this place) 21 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Main St.		STREET ADDRESS (If rural give location) 28 Main St.	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) WELLS	(Middle) WILSON	(Last) EVANS, SR.	OF DEATH: December 26 19 55
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Nov. 5, 1885
		9. AGE last birthday: 70 yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman		10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry	
11. BIRTHPLACE (State or foreign country): Ewell, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Caleb Evans		14. MOTHER'S MAIDEN NAME: Jane Marshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-34-9604	
17. INFORMANT & ADDRESS: 28 Main St. Wells Evans, Jr. --- Crisfield, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Cerebral Metastasis			
ANTECEDENT CAUSE (B) DUE TO Carcinoma of Stomach			2 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: July 1954		19B. MAJOR FINDINGS OF OPERATION: Malignant Carcinoma in left supraclavicular node	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from July, 1954, to Dec, 1955 that I last saw the deceased alive on 12/25, 1955, and that death occurred at 10 P. M. from the causes and on the date stated above.			
SIGNATURE A. W. Barr, M.D.		DATE SIGNED 12/27/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 29, 1955	
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		LOCATION (City, town, or county) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 12/29/55		24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons--Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 12 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: This law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-53 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12341

12361 CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>MARION</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Marion Station</u> STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Lucy</u> (Middle) <u>White</u> (Last) <u>FLEMMIN</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>2</u> (Year) <u>1955</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 10, 1878</u>
9. AGE (last birthday) <u>77</u> yrs.		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Somerset County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Unknown</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>Mrs. Margaret Gunby Marion Sta. Md.</u>	
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) <u>General debility - Found dead</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Arterio Sclerosis - Coronary</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Dissect - Long Illness Bed</u>		19. MEDICAL CERTIFICATION 19a. DATE OF OPERATION <u>—</u> 19b. MAJOR FINDINGS OF OPERATION <u>Sores -</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21a. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21b. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Head before eyes</u> that I last saw the deceased alive on <u>12-3-55</u> , and that death occurred at <u>Marion Station, Md.</u> from the causes and on the date stated above.	
SIGNATURE <u>Wm. H. Hough</u> M.D.		ADDRESS (Street, city, town, state) <u>Marion Station Md.</u> DATE SIGNED <u>Dec 3/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Dec. 5, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Branch</u>	LOCATION (City, town, or county) (State) <u>Marion Station Md.</u>
24. REC'D BY REGISTRAR <u>12-3-55</u>	REGISTRAR'S SIGNATURE <u>Nellie O. Payne</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Ward</u> ADDRESS <u>Marion Sta. Md. Box 235</u>	

1950 CERTIFICATE OF DEATH

1950

BUREAU V. S.

DEC 6 1950

RECEIVED

12357 CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>CRISFIELD</u>	LENGTH OF STAY (in this place) <u>lifetime</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>CRISFIELD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>33 Asbury Ave.</u>		STREET ADDRESS (If rural give location) <u>33 Asbury Ave.</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>ALICE</u>	(Middle) <u>MABEL</u>	(Last) <u>HOLLAND</u>	OF DEATH: <u>December 7 1955</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>August 15, 1880</u>
9. AGE last birthday: <u>75</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (State or foreign country): <u>Crisfield, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John T. Mason</u>		14. MOTHER'S MAIDEN NAME: <u>Loretta Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>(If Yes, give war or dates of service)</u>	
17. INFORMANT & ADDRESS: <u>33 Asbury Ave. Sherman Holland-- Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>		<u>4 days</u>
ANTECEDENT CAUSE (B) <u>Hypertensive cardio-vascular disease</u>		<u>years</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C) <u>Tumor (carcinoma?) Sigmoid colon 1 year</u>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>Dec 7, 1955</u> , to <u>Dec 7, 1955</u> , that I last saw the deceased alive on <u>Dec 7, 1955</u> , and that death occurred at <u>11:00 AM</u> , from the causes and on the date stated above.	
SIGNATURE <u>C. S. Rawley M.D.</u>	DATE SIGNED <u>Crisfield, Md.</u>

23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Dec. 11, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u>	LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>
DATE REC'D BY LOCAL REGISTRAR <u>12/10/55</u>	REGISTRAR'S SIGNATURE <u>Barbara J. Hedman</u>	24. FUNERAL DIRECTOR <u>Bradshaw & Sons--Crisfield, Md.</u>	ADDRESS

BUREAU V. S.

DEC 14 1955

RECEIVED

12362 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY SOMERSET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) CRISFIELD LENGTH OF STAY (in this place) LIFETIME
OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS MCCREADY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) CRISFIELD
OR TOWN
STREET ADDRESS (If rural give location) MCCREADY HOSPITAL

3. NAME OF DECEASED:

(First) INFANT (Middle) SAMUEL (Last) JONES

4. DATE OF DEATH: DECEMBER 8 1955

5. SEX:

MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH:

DECEMBER 4, 1955

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 0 yrs. 0 months 4 days

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): CRISFIELD, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

ERNEST JONES, JR.

14. MOTHER'S MAIDEN NAME:

GLADYS ELLIOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: CHARLOTTE AVE. ERNEST JONES, JR. - CRISFIELD, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

772.5
Immediate cause

(a) Malnutrition
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Pre-maturity (7 mo. pregnancy)
DUE TO

(c)

Interval Between Onset And Death

4 days

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4, 1955, to 12/8, 1955, that I last saw the deceased alive on 12/5, 1955, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

DATE THEREOF DEC. 10, 1955

NAME OF CEMETERY OR CREMATORY CRISFIELD CEMETERY

LOCATION (City, town, or county) CRISFIELD, MD.

(State)

DATE REC'D BY LOCAL REGISTRAR

12/10/55

REGISTRAR'S SIGNATURE

Barbara S. Adams

24. FUNERAL DIRECTOR

BRADSHAW & SONS - CRISFIELD, MD.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 14 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12358

12344

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1 PLACE OF DEATH COUNTY Somerset MARYLAND CITY (If outside corporate limits, write RURAL, and give nearest town) Crisfield OR TOWN Crisfield HOSPITAL OR INSTITUTION OR STREET ADDRESS In rear of the Whittington Building		2 USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield OR TOWN Crisfield STREET ADDRESS (If rural give location) 218 N. 4th St.	
3 NAME OF DECEASED (First) CHARLES (Middle) THOMAS (Last) LLOYD (Type or Print)		4. DATE OF DEATH (Month) December (Day) 15 (Year) 1955	
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: about 1890
9. AGE last birthday 65 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry	
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13 FATHER'S NAME: Charles Lloyd		14. MOTHER'S MAIDEN NAME: Sarah Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: 112 S. 4th St. Mrs. Mary Drummond—Crisfield, Md.			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Coronary Disease ANTECEDENT CAUSE (B) DUE TO Arterio Sclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			INTERVAL BETWEEN ONSET AND DEATH
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID (City or town) (County) (State)		21d. TIME (Month) (Day) (Year) (Hour) M.	
21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 to 1955 that I last saw the deceased alive on 12-20-55, and that death occurred at Crisfield, Md. from the causes and on the date stated above. SIGNATURE W. H. Coulbourn M.D. ADDRESS Crisfield Md. D/T SIGNED 12.20.55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 20, 1955	
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 12-20-55		REGISTRAR'S SIGNATURE Barbara A. Adams	
24. FUNERAL DIRECTOR Bradshaw & Sons--Crisfield, Md.		ADDRESS	

BUREAU V. S.

DEC

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12345

12363 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Smith Island</u>	LENGTH OF STAY (in this place) <u>lifetime</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Tylerton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>In boat at Levin's Creek</u>		STREET ADDRESS (If rural give location) <u>Smith Island, Maryland</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>CALVIN</u> <u>ETHERIDGE</u> <u>MARSH</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>December 15</u> <u>19</u> <u>55</u>	
5. SEX. <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, W DOWER, DIVORCED. (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>December 11, 1896</u>
9. AGE last birthday: <u>59</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Tylerton, Maryland</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Waterman</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Seafood Industry</u>	
13. FATHER'S NAME: <u>Jessie J. Marsh</u>		14. MOTHER'S MAIDEN NAME: <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT & ADDRESS: <u>Mrs. Lydia Marsh—Tylerton, Maryland</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) <u>Coronary occlusion</u>			
ANTECEDENT CAUSE (B) <u>Arterio Sclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>William H. Coulbourn, M.D.</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			DEPUTY MEDICAL EXAMINER <u>FOR SOMERSET COUNTY, MD.</u>
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/18/55</u> to <u>12/18/55</u> , that I last saw the deceased alive on <u>12/18/55</u> , and that death occurred at <u>12/18/55</u> M, from the causes and on the date stated above. <u>Wm. H. Coulbourn</u> M.D. <u>Crisfield Md</u> <u>12/18/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec. 18, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Tylerton Cemetery</u>		LOCATION (City, town, or county) (State) <u>Tylerton, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>12/18/55</u>		REGISTRAR'S SIGNATURE <u>Barbara S. Adams</u>	
24. FUNERAL DIRECTOR <u>Bradshaw & Sons--Crisfield, Md.</u>		ADDRESS	

RECEIVED

DEC

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12346

Item 21 Film GLP 1-13-56 with

12364

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Marion Station</u>			
TOWN <u>Crisfield</u>		<u>2 weeks</u>		STREET ADDRESS (If rural give location) <u>/</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Memorial Hospital</u>							
3. NAME OF DECEASED: (First) <u>William</u>		(Middle) <u>C.</u>		(Last) <u>Miles</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>Dec. 26 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>August 2, 1869</u>	9. AGE last birthday <u>86</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>own</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>William F. W. Miles</u>				14. MOTHER'S MAIDEN NAME: <u>Sarah Coston</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>W. Ballard Miles Princess Anne, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>acute Dil of Heart - Uremia -</u>						<u>1 week</u>	
ANTECEDENT CAUSE (B) <u>Shock -</u>						<u>1 week</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Fractured hip -</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Myocarditis + Nephritis</u>						<u>years</u>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) <u>home</u>		21C. WHERE DID (City or town) INJURY OCCUR? <u>Marion Som. Md.</u>		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>12-13-55</u> M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work		21F. HOW DID INJURY OCCUR? <u>Was wandering around yard and stumbled</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 13, 1955</u> , to <u>12-26-1955</u> , that I last saw the deceased alive on <u>12-26-1955</u> , and that death occurred at <u>George C. Boulton</u> M.D. <u>Marion Sta. Ind</u> <u>12-27-55</u> M, from the causes and on the date stated above. ADDRESS DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec. 28, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Mary Episcopal</u>		LOCATION (City, town, or county) (State) <u>Pocomoke City, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>12-27-55</u>		REGISTRAR'S SIGNATURE <u>Hellie B. Payne</u>		24. FUNERAL DIRECTOR ADDRESS <u>HENRY H. WATSON Pocomoke, Maryland</u>			

W. A. R. 1890

1890

W. A. R. 1890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12365 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				12347 Reg. Dist.	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 260					
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>Somerset</u>	MARYLAND		STATE <u>Maryland</u>	COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		
<u>Upper Hill</u>	<u>Life</u>		<u>Upper Hill</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED: (First) (Middle) (Last)			4. DATE OF DEATH (Month) (Day) (Year)		
<u>William Turpin</u>			<u>December 12, 1955</u>		
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH: <u>Feb - 1869</u>	9. AGE last birthday: <u>86</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
13. FATHER'S NAME: <u>Lit Turpin</u>		14. MOTHER'S MAIDEN NAME: <u>Hermine Waters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>none</u>		17. INFORMANT & ADDRESS: <u>Mamie Turpin Upper Hill md.</u>	
18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
Immediate cause (a) <u>Burned to death - in his home</u>					
DUE TO					
Antecedent cause(s) (b) <u>which was destroyed by fire -</u>					
Diseases or conditions, if any, giving rise to the above cause DUE TO					
stating underlying cause last (c) <u>Body charred and partially destroyed.</u>					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street office bldg., etc., INJURY <u>home</u>		21c. (City or town) (County) (State) <u>Upper Hill Somerset Co. Md.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Dec. 17-55 1:15A.M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House burned.</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE <u>R. S. Johnson</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>Dec 19-55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>buried</u>		DATE THEREOF <u>Dec 22-55</u>		NAME OF CEMETERY OR CREMATORY <u>Upper Hill</u>	
LOCATION (City, town, or county) (State) <u>Upper Hill Somerset Co Md</u>		DATE REC'D BY LOCAL REG. <u>12/19/55</u>		REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>	
24. FUNERAL DIRECTOR <u>Charles H Ward</u>		ADDRESS <u>Marion sta. Md</u>			

BUREAU V. B.

DEC 21 1955

RECEIVED

12366 CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Md.</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Upperhill</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Upperhill</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Elizabeth Thornton White</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Elizabeth</u> (Middle) <u>Thornton</u> (Last) <u>White</u>		(Month) <u>Dec.</u> (Day) <u>17</u> (Year) <u>1955</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 7, 1912</u>
9. AGE last birthday <u>43</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Upperhill</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>Samuel Thornton</u>		14. MOTHER'S MAIDEN NAME <u>Minnie Waters</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No.</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>205-20-7472</u>	
17. INFORMANT & ADDRESS <u>Mrs. Minnie T. Jones-Upperhill, Md.</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Acute Dilatation of Heart-</u>		<u>1 week</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Acute Pulmonary T. TB.</u>		<u>not known</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hemorrhage</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>About 1 1/2 yrs Ago Lung removed, on left side in Phila. delphis.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M. M. Not white at work <input type="checkbox"/> White at work <input type="checkbox"/>	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 10, 1955</u> , to <u>Dec 17, 1955</u> , that I last saw the deceased alive on <u>Dec 13, 1955</u> , and that death occurred at <u>M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Dr. J. E. Boocellum</u>		ADDRESS (Street, city, town, state) <u>Marion Sta. Md.</u>	
DATE <u>12-22-55</u>		DATE SIGNED <u>12-22-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Dec 23, 1955</u>	NAME OF CEMETERY OR CREMATORIAL <u>Centennial</u>	LOCATION (City, town, or county) (State) <u>Fairmount, SomCo. Md.</u>
24. REC'D BY REGISTRAR <u>Nellie D. Payne</u>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. Ward-Marion Sta., Md.</u>	
		ADDRESS <u>Box 235.</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

BUREAU V. S.

REC 47 1955

RECEIVED